

NEVADA

Chirowise® 2025 Medicare Part B fee schedule (non-hospital) Revision: 2

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	26.29	24.98	28.72
	98941	38.17	36.26	41.70
	98942	49.39	46.92	53.96

2025 deductible \$257.00

www.noridianmedicare.com Click this link to access your Medicare carrier

www.Chirowise.com Click this link for highly specialized chiropractic insurance training

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